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ABSTRACT

This publication contains curriculum suggestions for teaching Environmental and Community Health - Consumer Health for grades 10, 11 and 12. Emphasis is placed on the psychological dimension of contemporary quackery and pseudo-scientific practices, and sources of health information and health counsel. In general, the grade 10 through 12 materials provide students with experiences that will enable them to function as intelligent and discriminating adult health consumers. Outcomes that are expected include: 1) becoming increasingly aware of the forces which influence their purchasing power; 2) understanding the role of advertising as it affects consumer demands; and 3) developing an ability to critically analyze advertising and promotional appeals. The publication format of four columns is intended to provide teachers with a basic content outline, in the first column; a listing of major understandings and fundamental concepts which children may achieve in the second column; and information specifically designed for classroom teachers which should provide them with resource materials, teaching aids, and supplementary information, in the third and fourth columns. (KJ)

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PROTOTYPE
CURRICULUM MATERIALS
FOR THE ELEMENTARY
AND SECONDARY GRADES

HEALTH

STRAND IV ENVIRONMENTAL AND COMMUNITY HEALTH

Consumer Health for Grades 10, 11, and 12

Special edition for
evaluation and discussion

CG005031

THE UNIVERSITY OF THE STATE OF NEW YORK/THE STATE EDUCATION DEPARTMENT
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HEALTH CURRICULUM MATERIALS
Grades 10, 11, 12

STRAND IV, ENVIRONMENTAL AND COMMUNITY HEALTH
CONSUMER HEALTH

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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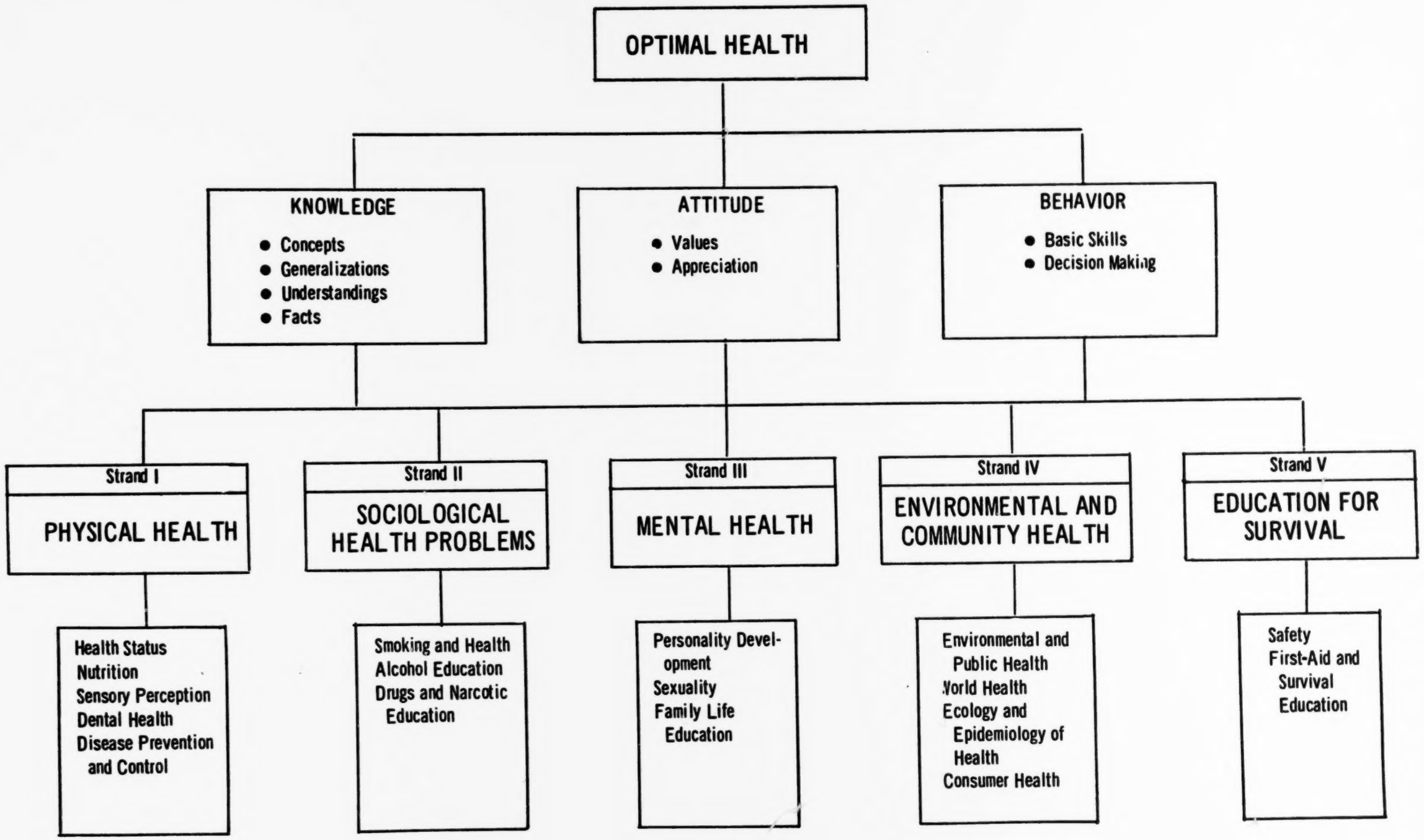
1969


OPTIMAL HEALTH
KNOWLEDGE
Concepts
Generalizations
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ATTITUDE
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Strand I
PHYSICAL HEALTH
Health Status
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Strand II
SOCIOLOGICAL HEALTH PROBLEMS
Smoking and Health
Alcohol Education
Drugs and Narcotic Education
Strand III
MENTAL HEALTH
Personality Development
Sexuality
Family Life Education
Strand IV
ENVIRONMENTAL AND COMMUNITY HEALTH
Environmental and Public Health
World Health
Ecology and Epidemiology of Health
Consumer Health
Strand V
EDUCATION FOR SURVIVAL
Safety
First-Aid and Survival Education

FOREWORD

This publication contains curriculum suggestions for teaching Strand IV - Environmental and Community Health - Consumer Health, for grades 10, 11, and 12.

The publication format of four columns is intended to provide teachers with a basic content outline, in the first column; a listing of the major understandings and fundamental concepts which children may achieve, in the second column; and information specifically designed for classroom teachers which should provide them with resource materials, teaching aids, and supplementary information, in the third and fourth columns.

The comprehensive nature of the health program makes it imperative that teachers gain familiarity with all of the strands presently in print. In this way, important teaching-learning experiences may be developed by cross-referring from one strand to another.

It is recommended that the health coordinator in each school system review these materials carefully and consult with teachers, administrators, and leaders of interested parent groups in order to determine the most appropriate manner in which to utilize this strand as an integral part of a locally adapted, broad and comprehensive program in health education.

The curriculum materials presented here are in tentative form and are subject to modification in content and sequence. Critiques of the format, content, and sequence are welcomed.

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OVERVIEW

Consumer health instruction suggested for the high school grades is based on a comprehensive foundation of knowledge and attitudes established at earlier grade levels.

Emphasis is placed on the psychological dimension of contemporary quackery and pseudoscientific practice, and sources of health information and health counsel. Since many students should possess the necessary background and maturity to become involved in independent study, it is anticipated that many teachers will choose to use this approach.

In general, the grade 10-12 materials provide students with experiences that will enable them to function as intelligent and discriminating adult health consumers.

OUTCOMES

Young adults in grades 10-12 should:

- become increasingly aware of the forces which influence their purchasing behavior.
- understand the role of advertising as it affects consumer demand.
- develop an ability to critically analyze advertising and promotional appeals.
- demonstrate increased sophistication in evaluating health information.
- understand the dangers inherent in cancer and arthritis quackery.
- be aware of pseudoscientific practices so as to distinguish them from scientific practices.
- have a familiarity with medical and paramedical specialists whose services are available to health consumers.
- be cognizant of major trends in medical care practices, and understand the nature of common group medical care plans.
- use their knowledge as a basic guide for becoming intelligent, discriminating health consumers.

Environmental and Community Health

Consumer Health

(Teaching Units for Grades Four through Twelve)

Intermediate Grades	Junior High School	Senior High School
I. The Health Consumer	I. Quackery and Quacks	I. Influences on Consumer Behavior
II. Ethical Advertising and Protection	II. Consumer Protection	II. Contemporary Quackery and Pseudoscientific Practice
III. Undesirable Promotional and Advertising Techniques	III. Consumer Motivation	III. Health Personnel and Medical Care

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OUTLINE OF CONTENT	MAJOR UNDERSTANDINGS AND FUNDAMENTAL CONCEPTS	SUGGESTED TEACHING AIDS AND LEARNING ACTIVITIES	SUPPLEMENTARY INFORMATION FOR TEACHERS
I. Influences on Consumer Behavior			
A. Psychological considerations	The determinants of man's behavior are being probed so that business can more effectively manipulate our buying habits.	Keep a running list of vocabulary words for this unit.	Manufacturers and those in advertising devote countless dollars exploring persuasive techniques that will influence consumer purchases.
1. Persuasion	Those whose efforts are directed toward consumer motivation are becoming increasingly familiar with the dynamics of persuasion.	From the class obtain examples of persuasive selling techniques that have and have not worked. Discuss why.	In some instances persuasive techniques succeed in breaking down consumer resistance and the result is a purchase. In other instances, too much, too little, or perhaps the wrong type of persuasion can antagonize the consumer and result in no sale.
a. People enjoy buying	For some consumers buying is an expression of power, success, or accomplishment, while for others it can be explained in terms of the consumer's inclination to be nice to the seller.	Discuss the reasons why people are motivated to buy goods. Classify these in one of three major areas: physical, emotional, and social. Set up a checklist, and using this list, ask parents and friends why they purchased a specific item. Students may set up their own list of items, e.g., cars, cosmetics, clothes, food, cameras.	Those who sell and advertise recognize that the positive urge to buy exists in many people. At the same time, they acknowledge the existence of consumer resistance by encouraging him to rationalize, or by supporting his positive buying urge.

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		Taped commercial messages may be used to demonstrate how advertising supports the consumer's positive buying urge.	
b. Rational and irrational consumer motives	Rational buying motives may be described as those reasons for buying that are self-approved and consistent with the individual's own concept of a rational or thinking man. Irrational motives are usually those reasons for buying or not buying which are inconsistent and not self-approved.	Give examples of rational and irrational motives.	Rational motives are usually conscious, while irrational motives tend to be unconscious. No matter how rational people pretend to be, their purchases are often based on irrational motives. The essential point, to the advertiser or seller, is that the buyer must be given a self-approved reason for purchasing the product.
2. The use of symbols			
a. Symbols defined	Symbols may be defined as "anything which stands for, suggests, or represents something else by reason of relationship, convention, or arbitrary agreement."	Have students list as many symbols as they can. Even though each word is in itself a symbol, have students confine their examples to specifics.	Specific examples are the dove, as a symbol of peace, the owl as a symbol of wisdom, and the fox as a symbol of cunning. Any object or action which is not a symbol **can** acquire other meanings and associations and thus symbolize other ideas and concepts.

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b. Functions of symbols	Symbols are used to subtly suggest to the consumer that purchasing the product is the same as purchasing the symbolic object or idea.	Prepare a bulletin board displaying examples of symbolic appeals used in the advertisement of products that appeal to teen-agers.	
(1) To reinforce self-image	A symbol is appropriate if it adds to or reinforces the way the consumer conceives of himself.	Discuss various ways consumer health practices are efforts to reinforce one's concept of the person he is or wants to be.	Each of us attempts to enhance our self-image and in choosing between two similar products, the one with the appropriate symbolism would be the consumer's choice.
(2) To reflect sexuality	Many consumer products have a sexual connotation and make their appeal through this symbolic channel.	All students might make a list of those items they buy or would like to buy. From these lists have two students prepare a survey sheet. Include male-female and grade level on sheet.	Smooth fabrics and mixtures symbolize feminity while coarse fabrics and mixtures are usually symbolic of masculinity.
		Survey all classes, tabulate results to show those items most frequently purchased at each grade level and by each sex.	Girls tend to prefer smooth peanut butter while boys prefer chunky. The names chosen for many products are themselves symbols. Deodorants are excellent examples of this.
(3) To symbolize age	In order to make a special appeal to a specific age group, advertisers use symbols to attract members		There is frequent use of the music of the "turned on" generation as a symbol to attract young people. Teen-agers are

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	of that particular age group to the product.		especially sensitive to communications which imply childishness or "squareness." Consequently, advertisers are apt to use symbols of freedom, romance, or independence when appealing to teen-agers.
(4) To symbolize social participation	Most products say something about the social world of the consumers who use them.	Products advertised in New Yorker or Mademoiselle appeal to members of some social classes, whereas similar products advertised in Look or Reader's Digest would not have the same appeal. Thus, the magazine itself symbolizes one's real or imagined social station. Collect ads with varied social class appeals. (From the "man of distinction" to the muscle man appeal.) From these ads that are brought to class, select those that include symbols designed for each of the four major purposes. Display these ads on poster board. Have students classify each under one of the four major functions. This could be an evaluative technique.	
3. Motivational mechanisms	The behavior of health consumers is affected by transitory or enduring emotional states.		

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a. Aggression	Aggression is that emotion which leads people to attack, destroy, damage, or overcome other people or objects.	List the various motivational mechanisms. Discuss generally or specifically for each mechanism how the emotional make-up of individuals would affect their consumer practices.	A basic tenet of Sigmund Freud was that aggression is a primary instinct in man. The most obvious way by which manufacturers allow us to release our aggressive impulses harmlessly is by packaging products in noisy wrappings that must be torn or smashed. When aggression is released, we gain satisfaction from the aggressive act. Cigarette packaging is an excellent example of this phenomenon. At the same time, wrappings can become a matter of frustration when the packaging becomes so complex that the individual almost gives up the challenge.
b. Ambivalence	When we express both positive and negative feelings about the same activity or object, we are ambivalent. Promoters of health products and services capitalize on consumer ambivalence and thereby increase sales volume.	In what way do toothpaste advertisers and manufacturers take advantage of our ambivalence to sell their product?	We can both love and hate something at the same time. For example, many young people dislike washing their faces, but at the same time they may have positive feelings about the benefits of the activity. Realizing the negative face-washing feelings as well as the positive aspects, soap or facial cream promoters concentrate on the positive aspects. Result - increased sales.

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c. Anxiety	Anxiety in one form or another is experienced by all people, and has a marked influence on consumer behavior.	Advertisements for supplementary vitamins and minerals that use the "subclinical deficiency" theme illustrate the use of anxiety in promotion of a health product. Ask students to bring to class advertisements that create a fear that one is depriving his family if it is not used.	Anxiety may be defined as an aroused state in which one feels threatened but is not always aware of the cause. Psychologists believe that the underlying reason for anxiety is the fear of personal weakness and inadequacy in relation to one's total environment. Anxiety also arises from fear of the unknown. It follows that new or mysterious products may lead to mild anxiety. To reduce consumer apprehension over a new health product or service, the seller may try to alleviate anxiety by creating faith in the manufacturer, dealer, or product, rather than by making claims of a "new scientific breakthrough." Thus, the promoter who is skilled in communication and persuasion may use selling techniques quite unlike the quack or charlatan. Mild anxiety is a powerful motivator and could cause a person to seek health counsel. Severe anxiety can sometimes incapacitate the individual and prevent him from following through on health care.

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d. Autonomy	In advertising, the appeal to one's desire to make his own decisions and to determine his own destiny is commonly seen.	Have students identify advertisements that appeal to one's desire for personal autonomy. Analyze these ads and determine which age group is the target for the ad.	Self-direction, independence, and self-confidence make up the quality referred to as autonomy. Autonomy is evidence of positive mental health, and behaviorists believe our strivings for personal autonomy to be one of man's most urgent drives.
e. Compensation	Compensatory behavior involves those attempts by the individual to "make up" for real or imagined weaknesses or shortcomings in his psyche or physical being. Many health products provide outlets for compensatory strivings.	Arrange a bulletin board of advertisements displaying health products that provide outlets for various compensations. Each student can select one of these ads and explain how the consumer might compensate constructively, rather than follow the advice in the ad.	Hair restorers, acne cures, cosmetics, weight reduction preparations, etc. usually have compensatory appeal.
f. Fantasy	The form of fantasy that has important implications for consumer behavior is daydreaming or wishful thinking.		If one's aspirations, hopes, and fantasies coincide with the claims made in advertising, powerful motivating forces are created. The older citizen may likewise be lured into purchases because of fantasies concerning regaining youthfulness, attractiveness, sexual potency.

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B. Other influences on consumer behavior			
1. Ignorance and gullibility			
a. Ignorance	Faulty knowledge or lack of knowledge about a condition or disease can lead the consumer into purchasing worthless or harmful health products and services.	Indicating how they reflect consumer ignorance, analyze ads for obesity that imply or actually state that people can eat all they desire and still grow thin. Which of the motivational mechanisms is being used?	It is essential to know the facts about a condition or disease for which a product or service is being offered. It is also essential to know what the ingredients of a product are or, if a service, what treatment is involved, if the consumer is to make intelligent choices.
b. Gullibility	The tendency of many individuals to accept as fact whatever they see or hear (gullibility) probably influences buying habits as much as any other single factor.	Collect ads that do not tell anything about the product or service being offered.	"Instant Water" made a lot of money for its inventor. Another advertisement which brought dollars rolling to the advertiser's door was, "Don't Wait: Send Your Dollar Now." The address was given and that was all.
2. Promotional techniques	Ultimately, promotional techniques are generally intended to sell products, rather than to benefit the consumer.	Have students check various stores to make a list of devices used to promote sales.	Promotional devices are many. Some are: discounts, prizes, contests, special introductory offers, trading stamps, sales ("one cent," "white," "inventory items sold below cost.")

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3. Social pressure	Individuals may purchase health products or services primarily because of subtle or direct pressures from peers, friends, or other individuals and/or groups.	In a short paragraph react to the concept that "people tend to measure success by the items they buy."	Purchases of cosmetic substances, dietary preparations, etc. may be a result of social pressure. Often, social pressure is indirectly exerted because an individual desires to be like others he admires. Viewed in this broad perspective, social pressure has many obvious influences on consumer health behavior.
C. Advertising and selling approaches			
1. Low-pressure selling	Low pressure selling's effectiveness is a result of its attempt to openly help people to buy through support of their motives.	Role play a situation to demonstrate the soft sell technique.	Low pressure selling or soft sell is sometimes referred to as "open selling." This approach is essentially honest. Those who depend on this technique oppose the high pressure selling techniques which do not make the consumer feel that he is really making the decision to purchase a product.
2. High-pressure selling	The aggressive, forceful and unrelenting sales tactics of high pressure take the decision for the purchase out of the hands of the customer.	Dramatize a situation in which a fictitious consumer is "high pressured" into buying a drug product. Have class describe their personal reactions to such a technique.	Indecisive consumers, or those who have not convinced themselves of the need for a product or service, are especially susceptible to the "high-pressure" approach.

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3. Positive approaches	The positive approach to advertising and selling is that which convinces the consumer he is getting a good product.	Have students gather examples of health advertising. Each example should be accompanied by a critique of the positive technique. Arrange a bulletin board of the better examples of positive selling and the critical comments prepared by the students.	In the positive approach, the seller displays great enthusiasm for his product. Obviously, if the seller is not enthusiastic and the consumer is not convinced that the product is a wise purchase, consumer resistance increases. This resistance conflicts with whatever positive buying urges might be present. The fundamental characteristic of the positive approach in both advertising and selling is to present the health product or service as the solution to some problem or need of the buyer. The more evident this solution is to the buyer, the more apt he is to buy the product.
4. Analysis of advertisements (See Appendix A)		Briefly review the advertisement evaluation guides included in the grades 4, 5, 6 curriculum materials. Individuals or groups might be asked to use this guide in evaluating ads for: . cold remedies . hair removers . baldness cures . deodorants . acne remedies	In addition to the guides for evaluating advertisements suggested for grades 4, 5, 6, Appendix A contains a summary of critical questions that one should pose when analyzing advertisements.

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		. dental products . food supplements . reducing pills and gadgets.	
5. Creative Code of the American Association of Advertising		Perhaps the teacher can obtain a copy of the Creative Code and the Copy Interchange Program from the American Association of Advertising. How is advertising controlled by this Code? To what extent are the controls effective? The same procedure can be applied to the code of the National Association of Broadcasters.	The Creative Code and the Copy Interchange Program for enforcing the Code attempts to control advertising to some extent. The National Association of Broadcasters has a similar code, but unfortunately not even the subscribers live up to the code.
D. Health information	Unprecedented increases in both the volume and variety of health information in the mass media have made it increasingly important that the individual be able to critically evaluate this information.	Have students take one magazine and count all of the health-related advertisements.	
1. Unreliable sources			

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a. Superstitions	Health information based on superstition, ignorance or prejudice, rather than scientific evidence, can be expensive and harmful to the health consumer.	Ask students to collect as many superstitions as they can find that relate to health. Discuss these in terms of their scientific credibility.	Some unusual superstitions are: A baby will not grow if a hat is placed on his head before he is a year old. Illness of a child may be prevented by bathing him in greasy dishwater. A sore throat is cured by drinking water out of a stranger's shoe. You will not be sick the following year if you dip your head in the ocean on January 1st. Sleeping with a dog prevents rheumatism. Other superstitions are more plausible, yet equally useless.
b. Ignorance or prejudice		As a class project, choose one example of ignorance relative to health, and write a brief statement about the effects of such ignorance on the health consumer. A series of these informative statements could appear as a regular feature in the school newspaper.	The individual who through ignorance or prejudice insists on being his own doctor can lose his life. Self-diagnosis and treatment of abdominal pain costs thousands of lives a year. The abdominal pain that turns out to be a ruptured appendix after treatment with a laxative is a good example.
c. Customs	Family customs are a strong force in determining health practices and attitudes.	Have students bring in examples of family customs that have been handed down from generation to generation.	

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d. Expoundings of the quack		Review the characteristics of a quack in the grades 7, 8, 9 material.	It is important to remember the quack's dominating motive is to make money.
e. Commercialized health information			
2. Reliable sources of health information	There are many reliable sources of health information available to the interested consumer.	Compare health information pamphlets prepared by commercial agencies to those prepared by a professional or governmental agency. Pamphlets on care of skin, hair, and teeth, as well as foods and drugs, might be used. Which might be more valid and why?	Family physician, county medical society, local health office, hospital administrator, health educator, voluntary health organizations, professional health organizations, and government health organizations are reliable sources of health information.
3. Criteria for evaluation of health information	Before accepting health advice, consideration should be given to the qualifications of the person offering the advice.	Ask students to compile a list of sources of health information they consider reliable. Bring in ads from a popular magazine or paper. Use the guidelines to evaluate the products and services offered.	Guidelines for evaluating health information: 1. Who are the persons or organizations giving the advice? 2. What is the educational background in the health sciences of the individual? 3. What kind of reputation does the person have in the community? 4. What is the motive? 5. Is the information presented in a scientific manner?

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II. Contemporary Quackery and Pseudo-scientific Practice			
A. Cancer and arthritis quackery	Any disease with an unknown etiology and no known sure cure is prey to the quack's unscrupulous tactics.		
1. Cancer	Cancer quackery is one of the cruelest types of quackery, since the person who goes to a cancer quack may delay medical treatment until it is too late.		The etiology of cancer is unknown. Some forms of cancer are incurable, but many forms are curable <u>if</u> medical treatment is instituted in time.
		Contact a consumer affairs agency in your community for literature and guest speakers. e.g.: Better Business Bureau, Consumer Protection Bureau, etc.	Medical treatments for cancer are surgery, radium, X-ray, radioactive isotopes, and other chemotherapy. Cancer quacks can be classified as follows: dumb - he knows not, but does not know he knows not deluded - he knows a little, but distorts his little bit of knowledge dishonest - he knows not and he knows he knows not (These classifications can be applied to all kinds of quacks.)

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a. Quack techniques		Ask students to make up an ad for a cancer treatment that sounds legitimate, but is absolutely worthless. A contest can be held to choose the most convincing ad. The winner might receive the title of "King or Queen of Quacks." The prize could be a toy duck that quacks.	
(1) Poultices and pastes	Though poultices and pastes (as therapeutic techniques) have been virtually abandoned by physicians, it is not uncommon for quacks to use these modalities.		Cabbage poultices were popular a few years ago. Oatmeal poultices have been used as treatments for acne.
(2) Sprays			The idea of sprays for treatment and prevention of cancer may seem ludicrous to the intelligent consumer and yet many people avail themselves of this "service." A liquid in the form of an aerosal spray can was used in a "Drive-In" for cancer prevention in California.
(3) Gadgets		Students may be able to bring in examples of gadgets, poultices, and internal remedies that have been promoted by quacks.	The Orgone Accumulator made a lot of money for the inventor. It was found to be a wooden "tub" lined with zinc. The patient sat in this and it was supposed to draw the cancer out

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			of the body, and at the same time, the patient would absorb the energizing, youth preserving powers of the universe.
(4) Internal remedies	Internal "remedies" are those nostrums usually administered orally or by injection.		Appendix B contains a brief listing of several internal quack remedies.
(5) Diet	There is no scientific evidence to indicate that diet, as a therapeutic factor, is related to cancer.		Some cancer diets: grape cure cabbage cure a combination of soy beans, rose hips, and sesame oil.
			Some vitamin products have been advertised as cancer cures.
b. Mexican centers for cancer cures	Even though many quack cancer treatments have been exposed and banned in this country, it is still possible for one to receive these treatments in some areas of Mexico. Although these conditions exist in some parts of Mexico, authorities recently closed one of these cancer quack centers.		

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c. I.A.C.V.F. (International Association of Cancer Victims and Friends)			
d. Patrons of the cancer quack	Quack treatment of the early cancer patient is especially dangerous, because of the delay of adequate treatment that might otherwise be provided by a competent medical practitioner.	Refer to the American Medical Association Proceedings, of the Second National Congress on Medical Quackery: "Why people become victims of medical quackery."	
(1) Neurotics			Neurotics may be afraid they have cancer but do not. They are excellent bait for cancer quacks. As a consequence of his contact with the quack, the neurotic's chief loss is money.
(2) Former cancer patients			Some people have had legitimate treatment for cancer with good results. They go to the quack to fend off a reoccurrence.

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(3) Patients in early stage of cancer			Some patients may have begun legitimate treatment and become discouraged so they look for a "miracle" cure. They may go directly to a quack and lose their chance of being cured at all.
(4) Incurable cancer patients			Some people have been told they cannot be cured. Because people always have hope, they try anything. They lose only money, since their condition is terminal.
2. Arthritis and rheumatism quackery	The nature of the arthritis syndrome, its widespread prevalence, and our present inability to cure the condition, have made arthritis victims a prime target of quacks.	Call students' attention to the numerous products advertised on TV to treat arthritis and/or rheumatism. Do they claim to cure arthritis? alleviate the discomfort? Are these commercials misleading? How? Survey: How many students have an arthritic victim in their family?	It is estimated that there is one arthritic victim in every five families or about 12 million people in the United States. These diseases, by nature, subside from time to time with or without treatment. Many of the so-called arthritic cures occur during the normal quiescent period of the disease and the quack takes full credit for relieving a condition that nature has taken care of temporarily. But people spend at least 250 million dollars a year on worthless remedies plus another 10 million on misrepresented treatment centers.

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a. Review of concepts		Briefly review the general nature of arthritis, differentiating between rheumatoid and osteoarthritis.	The specific etiology of arthritis is unknown, although certain predisposing factors make an individual more prone to the disease. There is no known cure. Legitimate treatments include steroid hormones, rest, physical therapy, surgery (on rare occasion), gold injections and salicylate therapy. (Aspirin is commonly used and is often effective in controlling the symptoms of the disease.) The physician uses different methods of treatment for individual cases.
b. Quack remedies			
(1) Devices	It has been estimated that approximately 15% of the arthritics in the U.S. use quack devices that have been ruled useless and/or dangerous by the F.D.A.		Some examples of devices used: a. illegal vibrators. They may have harmful effects if the affected part needs rest. b. roto-view. The Food and Drug Administration found this device to consist of a plastic lamp shade over an ordinary light bulb. c. pads and mitts filled with radioactive minerals. Most of these were found to contain ordinary top soil. One gadget, however, was so full of radio-

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			active material it burned the patient's skin. d. copper bracelets and other bands. These are as useless as the old time superstition that a cat's heart dried and steeped in honey and worn around the neck would make the person invisible.
(2) Uranium mines	The radiation from uranium mines has never proven to be an effective arthritis treatment.	Movie: "Misery Merchants" (29 minutes). This movie tells the story of an arthritic victim and her involvement with quack devices and the development of a uranium mine for treatment of arthritis. It is well done and makes an impression on the students.	People have paid $10.00 a day or more for the privilege of sitting in the dampness of a uranium mine to absorb the radioactive rays that were promised to cure them.
(3) Mineral spas and baths	Hydrotherapy is sometimes used to relieve the symptoms of arthritis, but, like all other treatments, it is not a cure.		The mineral spas and baths are a big time hoax that has made fortunes for the proprietors.

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(4) Drugs	Instead of following the advice of a physician, many arthritics choose their own pain-relieving drugs, most of which are much more expensive and no more effective than aspirin, the compound recommended by many physicians.	Evaluate ads for aspirin and other drugs. When a product is advertised as containing "the ingredient most doctors recommend," determine what that ingredient is.	Glorified aspirin, costing many times the amount of ordinary aspirin, is big business. Drugs made of herbs and juices are popular with the arthritic quack.
(5) Curative foods	There is no empirical evidence to suggest that any food or group of foods is effective in curing arthritis.		Irradiated water has been advocated for arthritis. • Immune milk is another nostrum sold as an arthritic cure.
(6) Liniments	Repeated use of liniments should be avoided by the arthritic unless it has been recommended by his physician.	Advertisements for liniments are easy to find. Determine what the active ingredient is and if it is valuable in alleviating pain temporarily.	If a liniment promises more than temporary relief, it is an outright lie. It is possible for some liniments to aggravate arthritis and cause painful irritation to the skin.
B. Pseudoscientific practices	The unfortunate existence of pseudomedical science is the result of - the tendency of most physical illnesses to run a course and vanish, with or without treatment and, - the fact that many physical illnesses are psychosomatic.	A representative of your county medical society might be able to speak on the existence of pseudomedical practice in your area.	The pseudosciences have tremendous appeal for a gullible public. Millions of dollars a year are wasted on them. Man believes in a pseudoscience to satisfy his needs and solve his problems. He attempts to achieve feelings of security and adequacy through artificial means when he has not attained them through mature judgment and action.

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1. Physiological basis a. Homeopathy	The theory behind homeopathy is that the more infinitesimal the dose of "medicine" is the more potent it is, and the more potent it becomes the less "material" it is and the more "spiritual" it becomes. Modern homeopathists also say that after the material substance has vanished there are mysterious radiation effects.		Some examples of homeopathic medicines are asterias rubens (powdered starfish), mephitis (skunk secretions), cimes lectularius (crushed live bedbugs), acidum uricum (uric acid from human urine or snake excrement). Most homeopathic medicines are from plants, but some are now being "proved" from metallic compounds. Although homeopathy is declining in the United States, there remain many advocates. Generally the legitimate homeopathists are men who have standard M.D.'s and, in the matter of diagnosis, surgery, etc., they employ all the methods of orthodox medical science. It is in the matter of drugs that they call upon the homeopathic tradition. But even in the matter of drugs the legitimate homeopathists will also use allopathic (a homeopathic term for orthodox medicines) medicines as well. There are, of course, some homeopaths left in this country who are not M.D.'s, but quacks.

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b. Naturopathy	Naturopaths do not accept the bacterial theory of disease causation but believe that all disease is the result of violation of the natural laws of living and can be cured by nature's forces.		N.D. stands for Doctor of Naturopathy. Naturopaths do not use drugs or surgery. There was no one founder of naturopathy. Although it is not known exactly how many naturopaths are practicing in the United States today, it is estimated that there are over 2,000. The treatments consist of enemas, vitamins, minerals, chlorophyll, vegetable and fruit juices, cow's raw milk, hot packs, fasting, exercising, etc., for diseases ranging from a toothache or common cold to cancer and syphilis. One naturopath has advocated a grape diet as a cure for cancer. A typical treatment for appendicitis is fasting for a short period, then taking a cold water enema for four days, followed by a special diet. Naturopaths depend on nature's forces such as water, air, sunlight, electricity, exercise, rest, diet, and mental and moral science for the cure of disease. X-rays have been added in recent years.

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			There are a dozen or so naturopathic colleges in the United States which award the degree of Doctor of Naturopathy. Some of these colleges require a high school diploma and others do not.
2. Psychologically-based			
a. Hypnosis	Hypnosis is an artificially induced state resembling sleep where the person is open to suggestion.	Students: Look up Freud's use of hypnosis. Investigate the story of Bridey Murphy. Report on "the use of hypnosis in medicine." Have a student report on the possible dangers of hypnosis in the hands of an unqualified person.	The person under hypnosis will not do anything that is repugnant to him, although he may follow rather silly suggestions. A person under hypnosis will always "wake up" eventually even if he is never told to. While under hypnosis he can frequently recall facts from far back in his experience, but he can never recall mysterious facts that never occurred. Legitimate uses of hypnosis are for anesthesia and treatment of mental disturbances.
b. Psycho-quacks			The American Psychological Association has reported that increasing numbers of unqualified persons are engaging in counseling, sensitivity training, and other forms of therapy. Such quackery poses a danger to the public.

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c. Others	There are many ways in which man attempts to fulfill his needs through reliance on unproven psychological phenomena.	Have students prepare for class discussion short reports of such topics as: 1. astrology 2. phrenology 3. physiognomy 4. palm reading 5. graphology	A qualified psychologist is one who holds a certificate issued by the New York State Education Department and has two years of supervised experience in rendering services satisfactory to the Board of Examiners of the State Education Department.
III. Health Personnel and Medical Care			
A. Physicians and dentists			
1. General practitioner	A general practitioner or family doctor may refer a patient with a complex problem to a medical specialist.	Movie: "Even for One," 28 minutes. Sterling Movies. Describes the services of a general practitioner.	Training requirements: four years college, four years medical school, 1-2 years internship. Licensing: A medical school graduate must take a comprehensive examination to qualify for a license. All physicians must be licensed by their state board of medical examiners before they can practice medicine. If a physician wishes to be qualified to practice in more than one state he may take the National Board examination. The National Boards are in three parts. The first part is taken at the end of

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			2 years of medical school. The second part at the end of 4 years of medical school, and the last part is taken at the end of the internship. If the physician passes these Board examinations, he is qualified to practice in the majority of the states without taking the state board examination.
2. Medical specialist	Medical specialists are physicians who have had specific preparation in depth in a particular area of medicine.	Initiate this discussion by polling the class for a list of all the medical specialists they can think of.	Specialty board examinations are given the candidate after completion of the required advanced training.
a. Board qualified specialist			A physician who has completed all of the required specialty training, but does not take the specialty board examination is said to be board qualified or board eligible.
b. Diplomate	A person who has received a diploma or certificate. In medicine the term refers particularly to a holder of a certificate of the National Board of Medical Examiners or of one of the American Boards in the Specialties.		A specialist who passes the specialty board examinations, receives certification as a specialist from his own specialty board and becomes a diplomate in his specialty.

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c. Types of medical specialists	Expanding knowledge in every area of medicine has made medical specialties a necessity.	If the students' textbooks do not include a list of medical specialists, distribute a mimeographed sheet of same including a brief, one sentence description of each. This sheet may serve as a guide for student questions and discussion.	The specialists listed are supplemental to the lists in grades 4, 5, and 6. All training requirements are past the basic M.D. and internship.
3. Dental specialists (Not covered in 4, 5, 6)		Review the functions of the orthodontist, periodontist, and pedodontist from grades 4, 5, 6. Review the function of the dental hygienist. Movie: "Report on Bootleg Dentistry" (1963) American Dental Association.	A basic Doctor of Dental Science or Doctor of Dental Medicine degree requires at least 2 years of college (most dental schools now require 4 years) and 4 years of dental school. This qualifies the dentist to do general practice. If he wishes to specialize, he must take extra training.
a. Endodontist			The endodontist works in the branch of dentistry concerned with the diagnosis, treatment and prevention of diseases of the dental pulp and its surrounding tissues.
b. Oral pathologist			The oral pathologist performs the same duties as a medical pathologist, but confines his study to the area of the mouth.

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c. Oral surgeon			The oral surgeon performs surgery involving the mouth, e.g., extraction of unerupted wisdom teeth, repair of broken jaw.
d. Prostho-dontist			False teeth, either replacement of one or more missing teeth or the replacement of a whole set, are made with close attention to the shape, size, and color of the original teeth. The prosthodontist is an artist.
4. Selecting a Physician or Dentist			
a. Criteria	The effort involved in selecting your doctor and dentist is worthwhile if your choices prove to be professionally competent individuals with whom you are able to establish a satisfying doctor-patient relationship.	Ask parents how they selected their health advisers for each specialty. List those more commonly used. Write down responses. Have a student tabulate responses using the following categories: neighbor, family, friends, medical or dental societies, recommendation by a specialist, others. Report findings to class. Discuss validity of sources.	Guidelines: 1. Is the physician licensed to practice in the state in which he resides? 2. Is he a graduate of an approved medical or dental school? 3. Is he a member of the local, state, or national professional societies? 4. Is he a staff member of an approved hospital or clinic? 5. Does he periodically increase his skill and knowledge by attending conferences, etc.? 6. Does he possess a personality that inspires confidence?

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			7. Has he established a reputation for professional ethics and good character? 8. Has he had a variety of experiences to develop his skill? When moving to a new area it is important to select a physician or dentist before an emergency arises. If possible, obtain suggestions from your previous physician and dentist.
b. Procedures		Have students discuss how they would go about selecting a physician in a new community. Obtain a copy of the medical directory and familiarize students with it by looking up some of the local physicians.	Procedure: a. Secure the names of competent medical and dental practitioners from county medical or dental societies, approved hospitals, local health department, a medical or dental school, or the American Medical Association directory. b. Check professional membership by contacting the professional societies or their directories. (Can be found in most libraries.) c. Check standing and reputation in the community from a competent source. d. Make an appointment and see if his personality is compatible with yours.

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B. Paramedical specialties	There are a number of professions closely allied with the medical profession, that make up a team to serve the health needs of the public. These include physical, occupational, and speech therapy, and the activity of medical social workers.	(See Appendix C)	
C. Other health personnel (See Appendix D)			Appendix D contains a listing of additional health personnel that are members of the comprehensive medical services team.
D. Medical care	Medical care personnel and practices have changed markedly in the past 25 years.		
1. Trends		Compare the "good old days" with today's practices by having students report on medical practices of their parents' or grandparents' day. Research sources of information on the major changes in the medical care scene in the last 25 years. Include the reasons for, and the advantages and disadvantages of, the movement from: a. general practice	The family physician is being replaced by specialists. Comprehensive care has been changed to limited care because of specialization. Solo practices are giving way to group practices. Home visits by the physician have been replaced to a great extent by the patient's visiting the physician's office, clinics, or hospital. The little black bag has given way to the scientific setting of the office or hospital. The emphasis is now moving toward preventive medicine rather than curative medicine.

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		to specialization b. solo practice to group practice	The hospital originally for only the needy is now for everyone.
a. Physician-patient ratio	The type and quality of medical care received is determined to a great extent by the availability of physicians in a particular geographic area.	Initiate a discussion on the factors influencing physician-patient ratio (e.g. economics, urbanization) Why are the United States statistics misleading? Relate the Mississippi statistic to the economy of the state, the high infant mortality rate, and the ethnic make-up of the population. Student project: Find out the physician-patient ratio in your own community, either on a city or county basis. (The county medical society or the city directory will list the number of physicians in practice.)	There is a great inequity in the distribution of physicians on a world-wide basis. 1960 statistics: Israel--1:400 Afghanistan--1:41,000 Nigeria--1:96,000 United States--1:780 Recommended ratio for United States --1:740 There are about 295,000 physicians in the United States. Physician-population ratio in the United States: Mississippi--1:1,450 Washington, D.C.--1:540 New York City--1:595 There are over 1100 counties in the United States with one physician for every 1700 people.
Efforts to encourage physicians to relocate from cities to rural areas (to more equitably distribute medical		Discuss the possible ways in which a more even distribution of physicians could be encouraged.	Incentives such as government subsidies to physicians who would practice in rural areas failed.

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	personnel) have, in general, been unsucessful.		Subsidies by the community for office and home have been offered, but this has not produced a mass exodus from the cities.
b. Method of payment	The physician may be paid according to the type of medical care plan his patients have.		1. Fee for service--this is a predetermined schedule of fees for specific services. 2. Salary--based on time. 3. Capitation--based on the number of people cared for. The physician receives "so much a head."
2. Medical care plans	Notwithstanding the fact that the costs of medical care have increased more than other types of expenditures, we still spend less on medical care than on many other products and services.	Determine how the consumer dollar is spent. Students: make a pie graph indicating the relative amounts spent for each item. Movie: "Dialogue With Life" 20 minutes. The movie deals with modern medical practices and how payment for hospital care is made possible by health insurance.	Alcohol and tobacco $.05 Recreation .06 Medical Care .06 Food .25 Clothing .10 Housing .27 Personal care .02 Private education .02 Foreign travel .01 Transportation .12 Miscellaneous .04
a. Voluntary health insurance programs	About 80% of the population has some form of voluntary health insurance.	Students might ask parents what health insurance they hold and the benefits it provides.	Voluntary health insurance is designed to assist the individual and his family in avoiding financial hardship when ill health or accidents occur. The principle involved is regular

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			prepayments. Some health insurance plans are nonprofit and others operate for profit.
(1) Blue Cross-Blue Shield	Blue Cross-Blue Shield plans are among the most common of the several voluntary, group health insurance plans available in the United States.	Discuss the following statement: "Why pay for health insurance when you can earn interest from the money in the bank and have it available when needed?"	Blue Cross-Blue Shield plans are non-profit. There are 76 Blue Cross-Blue Shield plans across the nation. Blue Cross originated in the 1930's in Texas and has spread rapidly across the nation. This part of the "Blue Plan" was for hospital coverage only. Blue Shield is a sister policy of Blue Cross, providing for payments to physicians as well as hospitals.
(2) Types of voluntary health protection available	The type of health insurance purchased is dependent on the amount of money available for health insurance and the type of coverage needed by the individual.	Illustrate, using several hypothetical families, and ask students to determine which plan should be purchased by the various families.	
- Loss of income protection	Loss of income protection is designed to provide partial payment of salary or wages when illness or accident prevent the insured from working.		Health insurance permits the family to pay for rent, groceries, automobile, etc., when the wage earner is unable to work. The benefits usually begin a week or two after an illness begins. Insurance that provides 50% of a regular salary may be a good investment.

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- Hospital expense protection		Ask students to determine the cost of an ordinary operation such as an appendectomy. Compare this cost for patients who have no insurance and those who have hospital insurance.	This is the most popular form of health insurance. Provision is made for the wage earner and his dependents. Coverage may be for 60, 90, or 100 days as a rule. The plans call for payments for room and board, drugs, anesthetics, and the operating room.
- Surgical expense	Surgical expense insurance provides a set amount to cover surgeon's fees.	Discuss payments the patient might have to make if the policy only pays a set fee for a specific operation and the doctor's fee is more.	Fees ranging from $50.00 to $500.00 or sometimes more are payable for surgical expenses. In Blue Plan policies if the policy holder makes more than $6000.00 a year the physician may charge more than the predetermined fee and the patient will have to make up the rest. If the policy holder makes less than $6000.00 he will have no out-of-pocket expense. The physician receives only the predetermined fee set by the Blue Plan.
- Regular medical expense	Regular medical expense coverage will take care of many general medical expenses not covered in the hospital or surgical plans.		This type of health insurance covers the cost of physicians fees for home visits, office visits, and hospital calls. Some policies do limit the coverage to hospital calls. Generally the first few calls are not covered and there is an overall maximum for each illness.

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- Major medical expense	Major medical insurance protects a family (or individual) from catastrophic losses that would otherwise place the family heavily in debt.	Student project: Find the total cost of an illness such as a stroke. Include expenses for hospital, drugs, nursing care, physicians, ambulance, loss of income, etc.	This type of insurance covers catastrophic illnesses. It is relatively new, beginning in 1949. Major medical insurance does not pay for minor illnesses. The policy **holder** pays for these himself (unless he also has an insurance policy to cover the minor illnesses). Policies have a maximum benefit clause that may range from $2,500 to $15,000. There may also be a deductible clause. Some policies call for the insurance company to pay 75% to 80%, of the expense with the patient being responsible for the rest.
(3) HIP (Health Insurance Plan)			HIP is a health insurance plan in effect in New York City. It is a prepaid group medical insurance plan. This plan was originated to care for the municipal workers in New York City. Now other people may join. The plan does not cover hospital expenses. There are three quarters of a million people now enrolled in 32 different medical centers.

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			The person has a choice of physicians within each group. HIP has a department of health education that stresses preventive medicine.
b. Criteria for selecting a plan	Before one chooses a health insurance policy, he should first make certain the company is reliable, and then select a policy with provisions adequate for his specific needs.	In what way is the consumer protected from disreputable insurance companies? Have students ask physicians about the type of insurance plan they favor and why.	Guidelines for choosing a plan: 1. Provides high quality medical care by physicians affiliated with an approved hospital with competent nursing service 2. Coverage for both chronic and acute illnesses for the wage earner and his dependents 3. A free choice of physicians 4. A choice of accredited hospitals 5. A non-profit or low cost operating program 6. Fee schedule sufficiently high to attract and hold competent physicians.
c. Compulsory or government medical care programs	Special efforts have been made to extend adequate medical services to those who are unable to bear the costs of such care.	Have students report on socialized medicine in Britain and other countries. Follow this by a debate of the question: "Are government medical care programs a move toward socialized medicine?" Get a physician's point of view.	Voluntary health insurance does not meet the health needs of all of the citizens of the United States. About 6 million people receive public assistance. There are millions more who are close to needing public aid, but they do not receive it.

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			Medical care for the poor or indigent is the oldest of public programs. The indigent now include the aged, blind, dependent children, and the totally disabled.
(1) Medicare	Medicare is a two part health insurance plan designed to benefit all persons 65 years of age and over.	Discuss the reasons medical needs of the aged have become a major problem. Stress the contributory approach of Medicare in contrast to the public assistance approach. What are some of the financial problems of the aged?	Medicare went into effect on July 1, 1966. An increase in the social security tax pays for the benefits of the basic plan. The aged have low incomes, but many of their expenses are less. When debts are incurred, they are large and usually come from medical bills. The aged have no way of replenishing their assets. They have difficulty obtaining voluntary health insurance and the premiums are higher just at the time they can least afford it. Most commercial underwriters have stipulations regarding age. a. The need for medical care is greatest after age 65 b. Hospital stays are twice as long as in younger age groups c. The need for health services is two and one half times greater than that for other age groups

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			d. Chronic, degenerative diseases are maladies of the aged e. There are no mass preventive measures f. Diagnostic and treatment procedures are expensive
- Basic plan		Obtain copies of the booklet describing Medicare benefits and use for student discussion.	The first part of the Medicare program is called the Basic Plan. All persons 65 years of age and over are eligible for this part of the program automatically.
- Voluntary plan		To gain a better understanding of how Medicare operates, prepare several actual problems for the students to solve. Example: A man, 65 years old, suffers a stroke. He is covered by both the basic and voluntary plans. He spends 80 days in the hospital and 30 days in the nursing home. Hospital bill - $2400 Nursing home - $200 Doctor's bill - $600 The patient pays: hospital _____ nursing home ____ doctor _____	The person 65 or over may or may not adopt the second part of the plan. It is designed to cover other medical expenses. The patient has free choice of physician and hospital. Medicare does not pay for out-of-hospital drugs. It does not cover catastrophic illnesses or custodial care in a nursing home.

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		Total cost of illness: Medicare pays _____ Patient pays _____	
(2) Medicaid	Medicaid is a state program for medical assistance for needy persons.	Discuss: Is health care a right or a concession? Is the contributory or public assistance approach better? Advantages? Disadvantages?	The individual state makes its decision as to whether or not it will adopt such a program. There are 20 states with programs for the medically needy. The state must make application to the federal government as, in theory, the federal government is supposed to assume 55-83% of the cost. The state pays 40% of the rest and local governments pay 60% of the rest. To be reimbursed by the federal government the state must provide (by law) the following services: out-patient hospital services, laboratory and X-ray services, in-patient hospital services, skilled nursing home services, and physicians services. A state may elect to provide additional services such as payment for drugs, dental services, home nursing services, blood transfusions,ambulances, naturopaths, glasses, appliances, and hearing aids.

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(3) New York State's Medicaid	The Medicaid program adopted in New York State is in a state of flux, since opinions differ concerning income level eligibility for benefits and the amount of fees to be paid for medical and surgical expenses.	Compare Medicaid and Medicare. List the similarities and the differences. Ask students to write their own opinions as to the merits or disadvantages of the two types of programs. Have all students read the American Medical Association pamphlet "Let's Use - Not Abuse Health Insurance."	The eligibility of the beneficiary is based on income. Eligibility requirements, under the present law, are based on the net income of the family, the number of persons in the household, and the number of wage earners. Other factors considered are savings accounts and life insurance. There are no stipulations as to the cost of the home, cars, swimming pools, etc. If a wage earner makes one dollar over the stipulated income, he receives no assistance.
3. Medical care facilities			
a. Hospitals	Although they have many important roles, the primary function of hospitals is patient care.	Have students read the American Medical Association pamphlet "How to Be a Better Patient." Encourage their reactions to this reading.	Functions of a hospital today are: 1. Training of physicians, nurses, technicians, and other personnel 2. Research 3. Promoting the highest standard of medical care 4. Comprehensive total patient care The hospital is also the community health center because it is the building with the largest concentration of health resources. It provides a broad range of services such as preventive medicine, surgery,

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			postoperative care, obstetrical care, laboratory services, rehabilitation services, etc.; and the quality of care can be controlled by auditing committees.
b. Hospital systems	There are various types of hospital systems, each serving its own particular type of function.		The United States Public Health Service, the Veteran's Administration, and the military operate the various federally-owned hospitals. They serve special beneficiaries such as the merchant seamen, veterans, Indians, servicemen and women, and some government employees.
(1) Government hospitals	One third of all hospitals in the United States are owned by the government, but two-thirds of all hospital beds are government operated.	Have students give examples of federal, state, and local government hospitals. Discuss how they differ and why.	The federal hospital system includes hospitals for narcotic addicts located at Lexington, Ky., and Ft. Worth, Texas, and the National Leprosarium for lepers at Carville, La. There are state hospitals for the care of the mentally ill and other types of chronic diseases. County hospitals are usually general hospitals. Not all counties have a county hospital.

OUTLINE OF CONTENT	MAJOR UNDERSTANDINGS AND FUNDAMENTAL CONCEPTS	SUGGESTED TEACHING AIDS AND LEARNING ACTIVITIES	SUPPLEMENTARY INFORMATION FOR TEACHERS
(2) Nongovernment hospitals		Ask student volunteers to survey the hospitals servicing their community. Survey could include: a. type of control/ financing b. nature of service provided c. bed capacity Discussion might follow on whether these services are adequate and appropriate for the community.	The hospitals are run by cooperative groups, church, or labor organizations. They provide short term care. The greatest number of nongovernment hospitals are of this type.
- Voluntary community hospitals	Voluntary community hospitals are nonprofit organizations providing general care for short-term illnesses.		
- Proprietary hospitals			Proprietary hospitals are under private ownership and are run for profit. Only 3% of the total hospital beds in the United States are of this type.
- Nursing homes		How many nursing homes serve your community? Has there been an increase in the number of these homes in recent years? Why?	Only 5% of the nursing homes are government operated. Most nursing homes are operated for profit.
E. The consumer and the drug industry	Drug industries are big business whose primary purpose is to sell their product.	Films on the drug industries are listed in the reference section.	Ethical drug companies may also manufacture "over-the-counter" drugs that do not require a prescription. These are called proprietary drugs.

OUTLINE OF CONTENT	MAJOR UNDERSTANDINGS AND FUNDAMENTAL CONCEPTS	SUGGESTED TEACHING AIDS AND LEARNING ACTIVITIES	SUPPLEMENTARY INFORMATION FOR TEACHERS
1. Ethical drug companies	Firms that manufacture prescription drugs are called ethical drug companies.		
2. Cost of drugs a. Advertising	Ethical drug companies aim their advertising at the physician, but it is the consumer who pays the price.	In your community, calculate the number of physicians assigned to each detail man and see how much money is spent on each physician in this type of advertising program. Request a local physician to save a single bottle, tube, etc. of each drug sample sent to him during a period of one month. The volume of these samples is quite impressive and will help your students to appreciate the high cost of some medicines.	There are approximately 295,000 physicians in the United States. The ethical drug companies employ 15,000 detail men. Detail men are the drug salesmen. They visit each physician on their route about once a month trying to get the physician to use their particular drug company's products. Ethical drug companies spend about 750 million dollars a year promoting their products. The increase in sales volume has gone from 200 million dollars a year in 1939 to over 2 billion dollars a year.
b. Generic versus brand name drugs	Drugs sold under the brand name are usually more expensive than those sold under the generic name.	Discussion: Why does the physician object to using the generic name? Why do pharmacists object?	The generic name for a drug is the officially established or chemical name of the drug. All drug companies are allowed to sell drugs by their generic name. The brand name is the company's name for the same drug. Examples of the differences in prices of two

OUTLINE OF CONTENT	MAJOR UNDERSTANDINGS AND FUNDAMENTAL CONCEPTS	SUGGESTED TEACHING AIDS AND LEARNING ACTIVITIES	SUPPLEMENTARY INFORMATION FOR TEACHERS

drugs for the same quantities.

Brand Name	Generic Name
Cortone acetate $14.95	Cortisone acetate $7.60
Serpasil $4.60	Reserpine $1.40

Some of the reasons physicians do not use generic names are:

a. They lack sufficient information pertaining to the product.
b. The detail men have used subtle advertising approaches.
c. Physicians want the assurance that generic name drugs will meet the same standards in quality as brand name drugs.

Pharmacists are opposed because:

a. they say they have no way of knowing of the reliability of some of the drug firms.
b. although druggists are allowed a 60% mark-up on generic drugs they say they will lose money by not being allowed to use the brand name drugs.

OUTLINE OF CONTENT	MAJOR UNDERSTANDINGS AND FUNDAMENTAL CONCEPTS	SUGGESTED TEACHING AIDS AND LEARNING ACTIVITIES	SUPPLEMENTARY INFORMATION FOR TEACHERS
c. Geographical influence	Drugs cost more in the United States than any other country in the world.	Have students prepare a brief paper on the reasons for the variation in drug costs. What would be the advantages and disadvantages of government price regulations?	Comparison of the prices of Miltown, a tranquilizer Argentina $.85 Germany 1.30 Mexico 2.18 Belgium 4.64 United States 5.42
d. Type of purchase	The private consumer pays more than anyone else.		Comparison of the price of a tranquilizer sold per 1000 tablets to: retail druggist $39.50 government .60 consumer 65.83
e. Research and drug cost	Drug companies maintain that research is the main reason for the high cost of drugs.	Movie: "The Drug Debate" Lederle Laboratories Congressional Hearing.	Officials maintain that research by drug companies is minimal. Drug companies disagree. Although a pharmacy must now stock about 2000 drug items in contrast to about 400 drug items 10 years ago, this does not necessarily reflect progress. There are still only four basic sulfonamides, but there are over 200 brand name sulfonamides.
3. New drugs			
a. Patents for new drugs	There are two basic types of patents for all drugs, the product patent and the process patent.	Should there be patents for drugs? List reasons why and why not.	A product patent is awarded to an inventor who has discovered a unique substance. The product does not occur in nature. The exception to this was the discovery of Vitamin B 12.

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			The process patent is awarded for a unique method of manufacturing a substance already known. Both types of patents extend for a period of years in the United States.
b. Trademarks	Trademarks are not patents, but the specific mark of the drug manufacturer.	Relate the concept of trademarks and patents of drugs to other manufactured products in the United States. How does this compare with other businesses? How does it differ?	Trademarks mean reputation. The drug industry and other interested parties believe that patents and trademarks serve as incentives to research and development of new drugs that make America the leading developer of new drugs.
c. Drug testing	To facilitate public protection, the scientific community, governmental agencies, and the drug companies must cooperate and keep strict vigilance over drug testing for protection of the public.	Investigate the thalidomide disaster as an example of distributing inadequately tested drugs. (Life Science series has the story.)	The thalidomide disaster sparked a controversy over drug testing. The pharmaceutical manufacturing industry set up a Drug Safety Commission in August of 1962. The Commission proposed these recommendations: 1. Self regulation of the pharmaceutical industry. 2. Must make certain the drug tester is competent. Instances of "professional research quacks" are rare, but even one is too many. In 1963, a Maryland physician was indicted for falsifying experimental data. His results were too uniform to be real. He

OUTLINE OF CONTENT	MAJOR UNDERSTANDINGS AND FUNDAMENTAL CONCEPTS	SUGGESTED TEACHING AIDS AND LEARNING ACTIVITIES	SUPPLEMENTARY INFORMATION FOR TEACHERS
			had received $13,000 a year from a drug company for his "testing." 3. Investigation of files to become aware of past experimental drug failures so time and money will not be wasted on repetitive trials. 4. Special education of researchers in the sparsely populated field of teratology (human congenital malformation). 5. More scientific investigators for the Food and Drug Administration. 6. Education of the public. 7. Cooperation between law making and scientific bodies. 8. Grants to support institutional research and to compensate the investigator. Refer to Strand II, Grades 7, 8,9- "Kefauver Harris drug amendments of 1962."

APPENDIX A

Critical Analysis of Advertisements

Critical Questions	Additional Information
1. What is the advertisement trying to make you believe?	
2. What specific facts are provided concerning the condition or disease for which this product is to be used?	Generally, ads provide little or no information concerning the etiology of a condition or the legitimate therapies that have been developed for this condition.
3. Exactly what does the product contain, or, if it is a service, what does the service consist of?	
4. Does the ad contain half-truths?	
5. Is there any indication that the product may be harmful or irritating to some individuals?	
6. How does the advertisement make its appeal?	Advertisements may appeal to medical or scientific authority, to public gullibility, romance, strength (men), beauty (women), social prestige, etc.
7. Has the advertiser used words such as "may" or "if" to protect himself?	Vague and often misleading terms or phrases prove confusing to consumers.
8. Does the ad perpetrate a myth?	Many ads for dietary supplements are guilty of perpetrating myths. Hair restoration formulas and cosmetics are frequently guilty of this.

APPENDIX B

Selected Internal Nostrums

Product/Technique	Description
Koch Treatment	The "Koch Treatment" was developed about 1914 by Dr. William Koch. It consisted of injections of "glyosylide" (ordinary tap water), a strict diet, and enemas. The cost of one injection of this cancer nostrum - $500.00.
Krebiozen	Dr. Steven Durovic developed Krebiozen and brought it to the U.S. where it was promoted as a cancer cure by Dr. Andrew Ivy. Laboratory analyses have shown that krebiozen consists of mineral oil and the common chemical, creatine. The F.D.A. has withdrawn this product from interstate commerce.
Cellular Therapy	Dr. Paul Nieham is the alleged inventor of "cellular therapy." Used for a variety of maladies (i.e., leukemia). This nostrum consists of dried cells from freshly slaughtered lambs. These are injected into the person's body.
Laetrile	The perpetrators of this product are Dr. Ernest Krebs, and his two sons. A sugar compound obtained from apricot pits is the main ingredient in laetrile. Glenn Kittler, a journalist, wrote a paperback entitled, Laetrile, Control for Cancer, which has since been banned in the U.S.
Hoxey Treatment	The "Hoxey Treatment" combines a nostrum with a diet. It consists of kidney tablets, calcium tablets, Vitamin C, and a diet that excludes salt, sugar, bleached flour, pork, tomatoes, and pickles.

APPENDIX C

Paramedical Personnel

Personnel	Descriptive Comments
A. Psychological Personnel	
(1) Clinical psychologist	Psychologists are involved in both the prevention and treatment of behavior disorders. There are various types of psychologists, each requiring a specific type of training. To attain the Ph.D. in psychology, approximately 8 years of college are required. The clinical psychologist assists in the diagnosis and treatment of mental and emotional difficulties. He usually works directly with the client, but may also become involved with the family, friends, physician, and teachers of the client.
(2) Counseling psychologist	The counseling psychologist is a specialist in normal thinking and feeling, rather than abnormal thinking and feeling. Well-trained in counseling dynamics, most of these professionals hold the Ph.D. degree.
(3) Social psychologist	Social psychologists study the social forces which influence individual and group behavior. They attempt to understand how social attitudes and behaviors develop, and how neighbors, friends, relatives, and the larger social scene interact.
(4) Psychometrist	The psychometrist measures individual's mental, social, and/or emotional characteristics. His training may be less extensive than that required for other psychologists. Nonetheless, he is required to complete the master's degree and 1 year of supervised experience to be qualified.

Personnel	Descriptive Comments
(5) Psychiatric social worker	This specialist requires a depth background in both the behavioral and the social sciences. Usually this requires 4 years of college plus one (1) year of special training in a clinical setting. The psychiatric social worker learns about a client's family background, education, work experience, and social interactions, so as to enable the psychiatrist to better understand and treat the client.
B. Podiatrist (Podiatry)	The functions of the podiatrist are included in the curriculum materials for Grades 4, 5, and 6. This individual usually has 1-2 years of college and 4 years of professional training. A podiatrist must be licensed by the state in which he practices. There are only six (6) accredited schools of podiatry in the country.
C. Health Educator	These professionals may teach in schools, public health agencies, or work as educators in voluntary agencies. Training requires four (4) years of college. To become a certified teacher of health, thirty (30) additional graduate hours are required.
D. Nurse (Registered)	The basic training for becoming a registered nurse (R.N.) involves 3 years in an accredited school of nursing. The R.N. passes a state board examination to receive her license to practice. The registered nurse may work in a variety of settings - hospital, clinic, industry, nursing homes, doctor's office, etc. Registered nurses who work in public health departments as public health nurses require additional preparation.

Personnel	Descriptive Comments
E. Nurse (Practical)	Nine (9) months in a school of practical nursing qualifies the practical nurse to take the state board examination. The licensed practical nurse (L.P.N.) may work in a hospital, doctor's office, private home, nursing home, etc. Not infrequently, the L.P.N. is under the supervision of the registered nurse (R.N.).
F. Osteopath (Osteopathy) (Referred to as a physician and surgeon)	Osteopathy was founded by Dr. Andrew Taylor Sill. Osteopathy has greatly raised its standards. There are at least 3 years of college required, plus 4 years of osteopathic school. Osteopaths are licensed to practice in all states. In 38 states and the District of Columbia, osteopaths have unlimited practice rights. In 20 states and the District of Columbia, osteopaths take the same basic examination for state board certification as their medical counterparts. In some states there has been an amalgamation of osteopathy and medicine. There are five osteopathic colleges approved by the American Osteopathic Association. Doctors of osteopathy serve as officers in the armed services, as officers in the Department of Medicine and Surgery, and in the Veteran's Administration.
G. Chiropractor (Chiropractic)	Presently Chiropractic is a non-medical form of treatment which is based on the theory that disease can be treated by the manipulation of the spinal vertebrae. In addition to spinal manipulation, the chiropractor may use diet to restore the body's "chemical balance," physical therapy, and psychosomatic counseling. Differences exist within the profession as to its future role. While some wish to use drugs in treatment, others maintain the use of manipulation with reference to it as the drugless method of healing. Presently they are not

Personnel	Descriptive Comments
G. Chiropractor (Chiropractic) (continued)	professionally prepared to use drug therapy. To use drugs would be guilty of practicing medicine without a license. In 1963, New York State began a licensing procedure for chiropractors. The law states that they should have the title "Mr." rather than "Dr." This section of the law has not been enforced. The law also states that the use of X-ray for chiropractic purposes must be confined to persons over 18 years of age and then must not extend below the level of the top of the first lumbar vertebra. Standards vary markedly, with some schools having an 18-month course, while others require 4 years to complete their chiropractic studies. The National Chiropractic Association is trying to upgrade the educational standards for chiropractors, but as yet has not met the strict requirements found in medical or osteopathic schools.

APPENDIX D

Other Health Personnel

Title	Description of Function
Dietitian	Supervises the diets of hospital patients; special responsibility for special diets for cardiac, ulcer, diabetic, etc., patients; also involved in the administrative aspects of institutional food management.
Food Technologist	Applies scientific knowledge to the processing, packaging, preparation, distribution, and production of food in the commercial food industry.
Nutritionist	Primarily an educational specialist, the nutritionist imparts knowledge of foods and nutrients so as to enhance the nutritional status of people.
Sanitary Engineer	A public health worker responsible for creating and maintaining a healthful environment. Often concerned with sanitary conditions in swimming pools, restaurants, water supplies, milk, public housing, and the atmosphere.
Science Writer	An experienced journalist whose rich background in the sciences enables him to write "news items" concerning the health of individuals and groups.
Medical Illustrator	Using his artistic talents to illustrate medical facts or events, the medical illustrator frequently is employed by those who publish journals, popular magazines, etc.

Title	Description of Function
Occupational Therapist	A rehabilitation specialist who uses creative, educational, and recreational therapy in the treatment of mental and physical illnesses; may teach new job skills to the handicapped in a hospital or rehabilitation center.
Physiotherapist	Under the direction of a physician, uses physical and mechanical means (i.e., whirlpool, diathermy, massage, etc.) to treat individuals; may be employed in a hospital setting, or as a privately-practicing professional.
Pharmacist	Concerned with drugs, their origin, nature, properties, and their effects on living organisms; provides the medicine that is ordered by a medical doctor and, therefore, is a vital member of the health-care team.
Medical Technologist	A nonmedical worker whose functions are supervised by a pathologist; activities include analysis of blood, tissue preparation, etc.
Bacteriologist	A scientist who studies bacteria and other microorganisms.
Biophysicist	Concerned with the application of physical principles to biological problems.
Others: Serologist Virologist Epidemiologist Hematologist Entomologist	

CONSUMER HEALTH EDUCATION

Multimedia Resources

These supplementary aids have not been evaluated. The list is appended for teacher convenience only and teachers in the field are requested to critically evaluate the materials and to forward their comments to the Curriculum Development Center.

Books

Atkinson, D.T. *Magic, myth, and medicine.* Premier Books. Fawcett Publications, Inc. New York. 1956. (paperback)

Berleson, Bernard. ed. *The behavioral sciences today.* Torch-Harper torchbooks. New York. $2.25. (TB1127)

Better Homes and Gardens. *Money management for your family.* Meredith Press. Des Moines, Iowa. 1962.

Carson, G. *One for a man, two for a horse.* Doubleday. New York. 1961.

Changing Times. *Kiplinger's family buying guide.* A. B. Barach, ed. Prentice-Hall. 1959.

Consumer Bulletin Annual. Consumer Research, Inc. Washington, New Jersey. 1969.

Consumer Reports, editors. *The medicine show.* Macmillan Co. New York. 1964.

Consumer Union Special Publications. 256 Washington Street. Mount Vernon. New York.

_____ Consumer Reports Buying Guide. 1969

_____ Consumer Union Report on Life Insurance.

_____ *Dark side of the marketplace.* Senator Warren G. Magnuson and Jean Carper. 1968.

_____ *Intelligent buyer's guide to sellers.* Dexter Masters. 1968.

_____ *Medical Messiahs.* James Harvey Young. 1968.

Cook, James. *Remedies and rackets.* W. W. Norton Co. New York. 1958.

Deutsch, R. *The nuts among the berries.* Ballantine Books. New York. 1962.

Dintenfass, Julian. *A modern way to health.* Pyramid Books. (paperback) P-1397. New York. 1966.

Books (cont'd)

Dunlop, Richard. *Doctors on the frontier.* Doubleday and Co., Inc. 1964.

Gardiner, M. *Fads and fallacies in the name of Science.* Dover Publisher. New York. 1957.

Gentry, Curt. *The vulnerable Americans.* Doubleday. Garden City. 1966.

Holbrook, S.H. *The golden age of quackery.* Macmillan. New York. 1959.

Johns, E., Sutton, W., & Webster, L. *Health for effective living.* 4th edition. McGraw Hill Book Co. New York. 1966.

Kiev, A. *Magic faith and healing.* Free Press of Glencoe Inc. Macmillan Co. New York. 1964.

Maddox, Gaynor. *Slim-down, shape up diets for teenagers.* Avon Book Division. The Hearst Corporation. New York. 1963. (paperback)

Margolius, Sidney. *Innocent consumer vs. the exploiters.* Pocket Books, Inc. New York. 1968. $.95- (77013)

_____ *The consumer's guide to better buying.* Pocket Books. New York. 1966.

Neal, Harry. *The protectors--the story of the food and drug administration.* Julian Messner. New York. 1968.

Packard, Vance. *The hidden persuaders.* Pocket Cardinal edition. Pocket Books, Inc. New York. 1968.

Pinckney, E.R. *How to make the most of your doctor and medicine.* Follett Publishing Co. Chicago. 1964.

Schoenfeld, David, & Natella, A.A. *The consumer and his dollars.* Oceana Publications Inc. Dobbs Ferry, New York. 1966.

Smith, R.L. *Health hucksters.* Thomas Y. Crowell. New York. 1960.

_____ *The bargain hucksters.* Crowell. New York. 1962.

Trump, Fred. *Buyer Beware.* Abingdon Press. New York. 1965.

Books (cont'd)

Young, J.H. *Toadstool millionaires.* Princeton Univ. Press. Princeton, New Jersey. 1961.
A social history of patent medicine in America before Federal regulations.

Pamphlets

American Cancer Society. *I have a secret cure for cancer.*

American Dental Association.
**The care of children's teeth.*
**Toothbrushing.*

American Dietetic Association.
Food facts talk back.
Food mis-information. (kit)

American Medical Association.
Beware of health quacks.
Chiropractic: the unscientific cult.
Data sheet on National Health Federation. Department of Investigation. 1966.
Defense against quackery.
Did you know that? (chiropractic)
Eight ways to cut your doctor bills.
Facts on quacks. (questions and answers on different forms of quackery)
Food faddism and false claims-resource unit.
Health quackery.
How to be a better patient.
Let's use, not abuse health insurance.
Mechanical quackery.
Merchants of menace.
Nostrums and quackery.
Proceedings-2nd and 3rd National Congress on Medical Quackery.
Resource unit for senior high school.
Take stock of your assets. (import of good health insurance plan)
**Something can be done about acne.*
Vitamin supplements and their correct use.

*Recommended for elementary school student use.

Pamphlets (cont'd)

Arthritis and Rheumatism Foundation.
Arthritis quackery today.
Quackery in arthritis.
Reprint - "The hucksters of pain". Saturday Evening Post. August 24, 1963.

Better Business Bureau.
**Bait ads that hook your dollars.*
Don't fall for these gimmicks.
Facts you should know about health quackery.
Facts you should know about your Better Business Bureau.
The old-time medicine man.
They can't get it for you wholesale.

Channing L. Bete Company.
About extended care. (Medicare)
Medicare and you; how it helps pay hospital and doctors' bills after 65.
What everyone should know about health insurance.

Cooley, Donald. *Beware of "Health quacks".* Birk and Co., Publishers. New York. 1962.

Federal Trade Commission.
Guides against bait advertising.
Investigate, stop, look says Federal Trade Commission.
Let's join hands to prevent consumer deception.
The consumer's right to know; political rhetoric or economic reality?

Health Insurance Institute.
Policies for protection.
Our family's health insurance: do we know the answers?
The new ABC's of health insurance.

Medical Society of the State of New York. *Proceedings of the New York State Congress on Health Quackery.*

*Recommended for elementary school student use.

Pamphlets (cont'd)

Metropolitan Life Insurance Company.
Profile of a practicing physician.
**What's in your medicine chest?*

National Tuberculosis Association.
**Ways to keep well and happy.*

New York State College of Home Economics. *Nutritional sense and nonsense.*

Public Affairs Committee.
A consumers guide to health insurance plans.
Making medical care better.
Medicare-benefits and gaps; social security; your rights.
The arthritis hoax.
The Blue Cross story.
The story of Blue Shield.
Science vs. chiropractic.

United States Department of Health, Education and Welfare. Public Health Service, Consumer Protection and Environmental Health Service, Food and Drug Administration.

FDA Fact Sheets
CSS D2 Drug Side Effects.
CSS D3 Medicine: Prescription and Over-the-Counter.
CSS D4 Some Questions and Answers About Medicine.
CSS D5 Oral Contraceptives.
CSS D6 Self Medication.
CSS D7 Rainbow Pills.
CSS D10 Thalidomide.
CSS C1 Cosmetics.
CSS G3 How the Consumer Can Report.
CSS G7 Quackery.
CSS G10 Informational Materials.

United States Department of Health, Education, and Welfare.
Public Health Service, Inquiries Branch, Washington, D.C., 20201.

PHSP 559 The Cancer Quacks.
PHSP 375 Cancer: What To Know, What To Do About It.

*Recommended for elementary school student use.

Pamphlets (cont'd)

United States Government Printing Office. Food and Drug Administration Material.

Pub. 2 - Requirements of the U.S. Food, Drug and Cosmetic Act.	.25
Pub. 5 - Facts for Consumers - FDA Approval of New Drugs.	.15
Pub. 44 - How Safe Are Our Drugs?	.15
Pub. 45 - Young Scientists Look at Drugs.	.15
Pub. 46 - The Use and Misuse of Drugs.	.15
Pub. 52 - Drugs and Your Body.	1.00

United States Post Office Department.
How the Postal Inspection Service protects you against mail fraud.
Mail fraud.

United States Public Health Service.
From hand to mouth.
The cancer quacks.

Periodicals

Business World. *"FTC gets a Nader needling".* January 11, 1969.

*Changing Times.
"Don't get hooked by these mail frauds". July 1968.
"Gyps and swindles and schemes". June 1965.
"New look in consumer protection". November 1966.
"The great packaging scandal". November 1961.
"What the health hucksters are up to now". September 1964.

*Consumer Report - with yearly buying guide. Subscription. $6.00 per year, available through Consumer's Union. Mount Vernon, New York.
"Beware of mailman bearing gifts". November 1968.
"Let the reader beware". October 1965.
"Prescription for the FDA: a new dose of courage". August 1966.

*F.D.A. Papers--FDA official magazine. Subscription, $5.50 per year, available through U.S. Government Printing Office.

*Excellent sources-yearly subscription recommended.

Periodicals (cont'd)

Good Housekeeping.
"Our daughter was a victim of the world's cruelest hoax". November 1965.
"The medical dispute about treatment by chiropractors". May 1967.
"Unproven cancer cures that give false hope". May 1968.
"What's new at the institute? Lots of things". September 1965.

Journal of School Health.
"Consumer education for the young buyer". March 1967.
"Education-a weapon against quackery". January 1964.
"Educational defenses against quackery". March 1968.
"Educational resources against quackery". November 1964.
"Health education and the middle-age child". November 1967.
"Some possible psychological dynamics of consumer health misconceptions". August 1968.
"The educational approach to the question of quackery". March 1964.

New Republic. *"Protecting the consumer"*. January 4, 1969.

New York State Health News.
"Food fakers flourish". March 1967.
"People, pain and promoters". December 1967.
"Public health and the consumer". January 1968.
"Quackery, old and new". March 1967.

PTA Magazine. *"Quack and the dead"*. October 1968.

Reporter. *"Vitamin healers" career of C. Fredericks"*. December 16, 1965; Discussion, January 13, 1966.

Saturday Evening Post. *"New traffic in cures for cancer"*. February 10, 1968.

Science. *"F.D.A.'s Edict: patients, not profits, come first"*. April 15, 1966.

Science Digest. *"Quacks, the would-be Mds. who can harm you"*. January 1969.

Seventeen. *"How to spot a fraud"*. April 1968.

Time. *"Psychic surgery; A.M.A. conference on quackery"*. October 18, 1968.

Periodicals (cont'd)

*Todays Health.
"A.M.A.-F.D.A. rap diet pill fad". April 1968.
"Amazing facts about a crusade that can hurt your health". October 1966.
**"Do cold cures really work?". January 1961.
"Doctor Abrams, dean of machine quacks". April 1966.
**"Doctors who helped win the west". September 1964.
**"Do-it-yourself doctors of the old west". October 1963.
"Face burners". June 1966.
"Facts on quacks". February 1968.
"Facts on quacks: how to lose weight without diet, and other myths". November 1967.
"Fighting space-age quackery, symposium". December 1966.
"Food, fads and frauds". January 1969.
"Foreign quacks menace Americans". January 1969.
"Golden touch for chiropractors". June 1968.
**"Granny had a cure for everything". May 1963.
"Health books: reader beware". March 1969.
"Health insurance for everyone". November 1968.
"Help to the needy through Title 19, Medicaid". November 1967.
"H.E.W. rejects chiropractic". March 1969.
**"How some drugs got their names". April 1961.
**"How the guidance quacks work on your worries". December 1961.
"How to recognize a quack". February 1968.
"Incredible Drown case". April 1968.
**"Iron curtain of superstition". April 1961.
"Mail order doctoring still a menace". June 1967.
"Medicare, medical milestone". January 1967.
"Natural Remedies for arthritis". November 1968.
**"Quacktitioners in the old west". November 1964.
"Scientology, menace to mental health". December 1968.
"Showcase of charlantanism; National Museum of Medical Quackery". September 1968.
"Strange tales of medical imposters". October 1968.
"The battle for a nation's health". March 1969.
"The four horsemen of quackery - fear, gullibility, deceit and deadliness. January 1965.
**"The paleface medicine men of the frontier". March 1964.
"The truth about magic ingredients". January 1967.
"Who's to blame for nutrition nonsense?". May 1967.

*Excellent sources-yearly subscription recommended.
**Recommended for elementary school use.

SUGGESTED AUDIOVISUAL MATERIALS

Films

A reason for confidence. Free short-term loan from National Medical Audiovisual Center (Annex) Station K, Atlanta, Ga. 30334 Att: Distribution. 28 minutes, color. Shows how F.D.A. works to assure consumers of safe drugs and foods.

Dialogue with life. Modern Talking Picture Service, 1212 Avenue of the Americas, New York, New York, 10036. 26 minutes. black and white. shows advances made in health care and health insurance.

Choosing a doctor. McGraw-Hill Films, 330 West 42nd Street, New York. 16 minutes. black and white. stresses importance of choosing a doctor before illness strikes. (local or state health department.)

Even for one. Sterling Movies. 28 minutes. describes the services of a general practitioner. (Local or State Medical Society.)

Fraud fighters. McGraw-Hill Films, 330 West 42nd Street, New York. 17 minutes. shows how government agencies maintain supervision over medicines, cosmetics and other products.

Health careers. Health Career Film Service, 13 East 37th Street, New York. 13 minutes. documents the theme that health is a community affair.

Journey into medicine. United World Films, 1445 Park Avenue, New York. 36 minutes. insight into training in medicine and public health.

Man alive. Lederle Laboratories, Pearl Riber, New York. 10 minutes. color. scientific progress in research from practices of witch doctor to today.

Medicine man. 30 minutes. color. story of quackery in nutrition and agencies that seek to combat this. (Local or State Medical Society.) (free on loan)

Misery merchants. Arthritis and Rheumatism Foundation. 10 Columbus Circle, New York, 10019. 29 minutes. black and white. arthritis quackery. (Local or state health department.)

National institutes of health. 24 minutes. color. describes roles, development and historical background of this agency. (Local or state health department.)

Not as it was. Sterling Movies. 30 minutes. story of the A.M.A. (Local or State Medical Society.)

Films (cont'd)

Nutritional quackery. Associated Film Services, 3419 West Magnolia Boulevard, Burbank, California. 20 minutes. color. counteracts the conflicting, but sometimes convincing claims of the food faddist.

Quacks and nostrums. 19 minutes. black and white. activities of the modern quacks and groups that protect the consumer. (Local or State Health department.)

Report on bootleg dentistry. (Local or State Dental Society.)

*Science and superstition. Coronet Films.

*Science detectives. Modern Talking Picture Service, 1212 Avenue of the Americas, New York, New York, 10036.

Target quackery. Arthritis and Rheumatism Foundation, 10 Columbus Circle, New York, 10019. arthritis quackery.

The drug debate. Lederle Laboratories, Pearl River, New York. congressional hearing.

The health fraud racket. Free short-term loan from National Audiovisual Center (Annex) Station K, Atlanta, Ga. 30334. Att: Distribution. 28 minutes, color. Shows how to spot quackery in the areas of food, drugs, cosmetics, and medical devices.

*The medicine man. Sterling Movies, Inc.

Too tough to care. Roswell Park Memorial Institute, 666 Elm Street, Buffalo. 25 minutes. color. designed to deglamorize and debunk cigarette advertising. (free on loan)

To our health. Lederle Laboratories, Pearl River, New York. 10 minutes. color. scientific progress in research from practices of witch doctor to today. (free on loan)

Up in smoke. Roswell Park Memorial Institute, 666 Elm Street, Buffalo. 23 minutes. color. a satire on tobacco advertising. (free on loan)

*What is disease? Walt Disney.

*Your skin. Lever Brothers

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*Recommended for elementary school use.

Filmstrips

Dollars for health. Institute on Life Insurance, Education Division, 488 Madison Avenue, New York, 10022. Motivates student interest in health insurance. (free on loan)

*Florence Nightingale. Metropolitan Life Insurance Company.

*Louis Pasteur. Metropolitan Life Insurance Company.

*Man's struggle to preserve food. Film Strip of-the-Month Club, Inc.

*Marie Curie. Metropolitan Life Insurance Company.

Mechanical quackery. American Medical Association. 15 minutes. 60 color frames. (Local or State Medical Society.)

The exploited generation. Guidance Associates, Pleasantville, New York. 2 full color filmstrips and 2 12" LP records with teachers manual. $35 a set.

*Walter Reed. Metropolitan Life Insurance Company.

Transparencies

Robert J. Brady and Company, 130 Q Street, N.E., Washington, D.C., 20002. Inquire regarding prices of transparencies and list of local distributors.
Drugs and Your Body. 21 transparencies with teacher's guide.

DCA Educational Products Inc, 4865 Stanton Avenue, Philadelphia, Pa., 19144. Inquire regarding prices of sets and individual transparencies and list of local distributors.
How safe are our drugs? 22 transparencies with teacher's guide.
The use and misuse of drugs. 20 transparencies with teacher's guide.

Visual Products Division, 3M Company, P.O. Box 3344, St. Paul, Minnesota, 55101. 20 prepared color transparencies per set, $33 each set or printed originals, $1.25 each set.
Analyzing influences on health choices.
Applying health criteria.
Areas of specialization in health.

*Recommended for elementary school use.

Filmstrips (cont'd)

*Comparing health choices.
*Consumer protection sources.
Developing health criteria.
Examining non-scientific criteria.
Governmental agencies and health.
*Hazards of self diagnosis
Health information and mass media.
*Influences on health choices.
Interpretation of health information.
*Professional health specialists.

SOURCES OF CONSUMER HEALTH EDUCATION MATERIALS

American Cancer Society, 219 East 42nd Street, New York, New York 10017.

American Dental Association, 222 East Superior Street, Chicago, Illinois.

American Dietetic Association, 620 North Michigan Avenue, Chicago, Illinois 60611.

American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

Channing L. Bete Company, Box 112, Greenfield, Massachusetts 01301.

Consumers' Research, Washington, New Jersey.

Federal Trade Commission, Washington 25, D.C.

Good Housekeeping Institute, 57th Street at 8th Avenue, New York, New York 10019.

Institute of Life Insurance, Education Division, 277 Park Avenue, New York, New York 10017.

Metropolitan Life Insurance Company, Health and Welfare Division, 1 Madison Avenue, New York 10010.

National Better Business Bureaus, 230 Park Avenue, New York, New York 10017.

National Tuberculosis Association, 1790 Broadway, New York, New York 10019.

New York State Department of Health, 84 Holland Avenue, Albany, New York 12208.

*Recommended for elementary school use.

Sources (cont'd)

Pharmaceutical Manufacturers Association, 1155 15th Street, Northwest, Washington, D.C. 20005.

Public Affairs Committee, 381 Park Avenue South, New York, New York 10016.

Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

The Arthritis Foundation, Inc., New York Chapter, 432 Park Avenue, South, New York, New York 10016.

The Proprietary Association, 1717 Pennsylvania Avenue, Northwest, Washington, D.C. 20006.

United States Department of Agriculture, Consumer News, Cooperation Extension, Roberts Hall, Cornell University, Ithaca, New York

United States Department of Health, Education and Welfare, Public Health Service
Health Services and Mental Health Administration, Office of Information - Public Inquiries, Washington, D.C. 20201.
Consumer Protection and Environment Health Services, Food and Drug Administration, Office of Education and Information, Washington, D.C. 20204

United States Post Office Department, Washington, D.C. 20260.